

SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

**APPLICATION FOR OPERATOR
CERTIFICATION EXAM**

INSTRUCTIONS TO APPLICANTS:

Application must be received by the Secretary at least TWO WEEKS BEFORE THE EXAM DATE. One exam per application. This application is for exams only-NOT classes. Fax application to 773-5286 or mail application and check to:

Rob Kittay-Secretary
Board of Operator Certification
523 East Capitol-Foss Building
Pierre, SD 57501-3181

Each application must be accompanied by a check or money order for \$10.00 made out to "DENR". Fees will not be returned to an applicant who fails an exam. If you fax application, please submit fee prior to exam date through the mail.

GENERAL INFORMATION (Print legibly and fill out completely):

1. Name _____
Last First Middle

2. Home Mailing Address _____

3. Water System Name(s)/EPA ID # and/or Wastewater System Name(s) _____

4. Phone _____ Fax _____

5. Email Address _____

6. Exam Date _____ Location _____

Exam Category (Check only one)		Exam Level (Check only one)	
Water Treatment	<input type="checkbox"/>	I	<input type="checkbox"/>
Water Distribution	<input type="checkbox"/>	II	<input type="checkbox"/>
Wastewater Treatment	<input type="checkbox"/>	III	<input type="checkbox"/>
Wastewater Collection	<input type="checkbox"/>	IV	<input type="checkbox"/>
Small Water Treatment	<input type="checkbox"/>		
Small WW System/ Stabilization Pond	<input type="checkbox"/>		

Applicants will receive a confirmation upon receipt of this application by the Secretary. There are education /experience requirements to take exams. If you would desire to receive class information or training material, please contact the SD Association of Rural Water Systems at 605-336-7219.

Oper#	Exam #	Score
Cert Date		
Cash	Check	
DENR Use Only		

EDUCATION AND TRAINING

Are you a high school graduate? Check one. Yes ☐ No ☐ GED ☐ If no, year completed _____

College/Vo-tech Name	Dates Attended	Major	Date Graduated

List other educational courses completed such as correspondence school, operators' short courses, etc. Give date, name, and location of such courses.

WATER/WASTEWATER OPERATION EXPERIENCE

Present Position Title _____ Date Employed _____

Supervisor Name and Title _____

Describe in detail your daily duties as related to the exam for which you are applying (Be Specific!) _____

List other job experience which you feel will pertain to your certification qualifications.

Dates	Employer Name/Location	Specific Job Duties Related to Exam Applied For

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given is true and complete. I certify that I will not disclose the content, whether specifically or in general, of exam taken. I certify that no exam materials will be taken from the exam room and that all exam materials will be returned at the conclusion of the exam.

Signature _____ Date _____

Supervisor Signature _____ Date _____

09/2004

INSTRUCTIONS FOR COMPLETING APPLICATION FOR OPERATOR CERTIFICATION EXAM

An application must be completed each time an exam is taken. Type or write legibly. All blanks must be completed as this is the only information that is used to determine if you are eligible to take an exam. If you are taking more than one exam, you must complete additional applications.

Water/Wastewater System-Please indicate the name of ALL water and/or wastewater system that you work for. For water systems, also indicate their EPA ID #.

Exam Date and Location-Please consult an exam schedule for dates and locations where exams are to be given.

Exam to be Taken-You may check only one exam category AND one exam level. If you are going to take more than one exam, a separate application must be completed for each exam to be taken.

Describe in detail your daily duties as related to the exam for which you are applying-Give an accurate and complete description of the job duties that you perform at your water or wastewater system. If you are taking a water treatment exam, you must describe specific water treatment job duties. For example, do not say "I am a water treatment operator"; but do indicate "I operate and maintain chlorinator and fluoridator, five wells, and filtration plant for the City of Minneapolis. I take water samples, perform lab tests, order chemicals, flush water mains and hydrants, exercise valves, and measure on-site chlorine/fluoride levels." Attach additional sheets as necessary.

You and your supervisor must sign and date the application. If you are a volunteer worker for a housing association, the president of the association could be your supervisor. Unless you own the system, you do have a supervisor.

You may fax your application to 605-773-5286 to be sure that your application is submitted by the two-week deadline. After faxing an application, you must submit the fee (all exams are \$10.00) by mail before the exam date. Fees may NOT be paid on-site. After your application is received, a confirmation will be sent to the address on the application approximately ten days before the exam date. If you do not receive a confirmation, you need to call Rob Kittay at 605-773-4208.

No cell phones will be allowed in exam room.

Calculators must be simple calculators-no PDA's, laptop computers, cell phone calculators, etc.